

- Town/ City..... L.R. No.....
- Mobile number.....
- E-mail.....
5. Date of Incorporation.....
6. Registration No.....
7. Full Names, Address and Occupations of the Directors:
- | <i>Name</i> | <i>Address</i> | <i>Occupation</i> |
|-------------|----------------|-------------------|
| a) | | |
| b) | | |
| c) | | |
8. I certify that the information hereby given in this application is true and I commit to comply with the terms and conditions of the licence.
- Name of authorized officer.....
- Designation.....
- Signature.....
- Date.....
- Stamp.....
9. Licensing requirements shall be as per the Second Schedule of these Regulations.

FIRST SCHEDULE (r.10(2)(b))

COUNTY GOVERNMENT OF -----

FORM G2

WAREHOUSE LICENCE

THIS LICENCE is granted to..... of P.O. Box..... and authorizes the said.....to conduct the business of a Coffee warehouse in the Republic of Kenya for a period of one (1) year from theday ofto day of (both days inclusive).

THIS LICENCE is issued subject to compliance with the requirements for approval and the provisions of the Coffee (General) Regulations 2019 currently in force and the Rules made thereunder and to such conditions as are stipulated herein.

Warehouses, whether owned or rented, used for storage of clean coffee or hulled *buni* shall comply with international standards for clean coffee warehousing.

THIS LICENCE is not transferable.

ISSUED at Nairobi thisday of20.....